LOS ANGELES COUNTY COMMISSION ON HIV

3530 Wilshire Boulevard, Suite 1140 • Los Angeles, CA 90010 • TEL (213) 738-2816 • FAX (213) 637-4748
www.hivcommission-la.info

While not required of meeting participants, signing-in constitutes public notice of attendance. Presence at meetings is recorded solely based on sign-in sheets, and not signing-in constitutes absence for Commission members. Only members of the Commission on HIV are accorded voting privileges, thus Commissioners who have not signed in cannot vote. Sign-in sheets are available upon request.

COMMISSION ON HIV MEETING MINUTES

August 14, 2008

MEMBERS PRESENT	MEMBERS PRESENT, cont.	PUBLIC	OAPP/HIV EPI STAFF
Carla Bailey, *Co-Chair*	Angélica Palmeros	Steve Adams	Kyle Baker
Anthony Braswell, *Co-Chair*	Natalie Sanchez	Carmen Canto	Angela Boger
Al Ballesteros	James Skinner	Azul Delgrasso	Maxine Franklin
Diana Baumbauer	Robert Sotomayor	Miguel Fernandez	Michael Green
Carrie Broadus	Kathy Watt	Miki Jackson	Mary Orticke
Mario Chavez/Terry Goddard	Fariba Younai	Michael McCrory	David Pieribone
Nettie DeAugustine		Rich Mathias	Lanet Williams
Whitney Engeran		Melissa Nuestro	Juhua Wu
Jeffrey Goodman	**MEMBERS ABSENT**	Trip Oldfield	Dave Young
Joanne Granai	Anthony Bongiorno	Herbith Osarco	
Richard Hamilton	Eric Daar	Yolanda Salinas	
Michael Johnson	Douglas Frye	Julian Sanchez	**COMMISSION STAFF/CONSULTANTS**
Lee Kochems	David Giugni	Tania Trillo	
Brad Land	Mario Pérez		Erinn Cortez
Ted Liso	Peg Taylor		Carolyn Echols-Watson
Anna Long	Chris Villa	**SPN COORDINATORS**	Dawn McClendon
Manuel Negrete/Jim Chud		*(Not Commission Members)*	Jane Nachazel
Ruel Nolledo		Teresa Ayala-Castillo	Doris Reed
Quentin O'Brien		Lisa Fisher	James Stewart
Everardo Orozco		Gabriela León	Craig Vincent-Jones
Dean Page		Jane Price-Wallace	Nicole Werner

1. **CALL TO ORDER**: Mr. Braswell called the meeting to order at 9:10 am.
   A. **Roll Call** (**Present)**: Bailey, Ballesteros, Baumbauer, Chavez, Chud, DeAugustine, Engeran, Goodman, Johnson, Land, Liso, Long, Negrete, Nolledo, Orozco, Page, Palmeros, Sanchez, Skinner, Sotomayor, Watt, Younai

2. **APPROVAL OF AGENDA**:
   MOTION #1: Approve the Agenda Order, as amended ***(Passed by Consensus)***.

3. **APPROVAL OF MEETING MINUTES**:
   MOTION #2: Approve the minutes from the July 10, 2008 Commission on HIV meeting ***(Passed by Consensus)***.

4. **CONSENT CALENDAR**: Motion 6 was pulled.
   MOTION #3: Approve the Consent Calendar, as revised ***(Passed by Consensus)***.

5. **PARLIAMENTARY TRAINING**: Mr. Stewart reported that an 8:30 am 30-minute parliamentary briefing would precede Commission meetings starting in September. The briefing will be geared toward new members and those who wish to brush up.

6. **PUBLIC COMMENT, NON-AGENDIZED**:
   - Mr. Pieribone announced that the HIV-LA Resource Directory was updating its database. Providers should check their website information.
   - He added that community mobilization forums will be: SPA #4, 9/05/2008, 2:00 to 4:00 pm, JWCH, 1910 W. Sunset Blvd.; SPA #6, 9/02/2008, 9:00 to 11:00 am, Watts Health Center, 10300 S. Compton Ave.; SPA #8, 9/03/2008, 10:00 am to 12:00 noon, Family Health Education Center, 3820 Cherry Ave., Long Beach.

7. **COMMISSION COMMENT, NON-AGENDIZED**:
   - Mr. Goddard announced that the 2008 Medicare Part D "donut hole" assistance program was in effect and accepting applications. It is structured as a pilot program and adjunct to an existing Aid for AIDS wellness program. Program personnel would be visiting all SPN meetings to provide training.
   - Mr. Vincent-Jones noted the program was limited to this year's available funds since next year's allocation was unknown. The Commission had identified TROOP legislation as a federal advocacy priority in the future.
   - Mr. Engeran spoke with Dr. Montana, President, International AIDS Society, at the International AIDS Conference. Dr. Montana had researched ARV treatment as prevention and was willing to speak with the Commission and PPC on it.
   - Mr. Engeran added that there had been a fire at the AHF Public Health Division building. Staff and phone lines had been diverted to the Sunset offices during repairs resulting in some delays.
   - Mr. Johnson said a *Contra Costa Times* article reported that Kaiser Permanente, Oakland has begun issuing flash drives to patients with all medical records except for physician notes. Patients set their own passwords. It is improving convenience and reducing cost. OAPP might find this a useful interim measure while an electronic file system is developed.

8. **PUBLIC/COMMISSION COMMENT FOLLOW-UP**: There were no items to be followed-up.

9. **CO-CHAIRS' REPORT**: Mr. Braswell thanked everyone for attending the meeting.

10. **EXECUTIVE DIRECTOR'S REPORT**: There was no report.

11. **PREVENTION PLANNING COMMITTEE (PPC) REPORT**:
   - Dr. Green reported that the key discussion at the August PPC meeting was about the CDC's release of new US incidence estimates. Dr. Frye had announced that the HIV Epidemiology Program would review additional local data with the new CDC formula to compare Los Angeles and national incidence numbers in light of risk groups and demographics.
   - About 5% of national incidence is in LA County. While that figure is likely to remain the same, it was not known if the formula reflects the same populations for the other 33 jurisdictions. Dr. Green noted that LAC could be disadvantaged because its surveillance system has not yet matured. It takes about 10 years for a system to mature and the formula was based on using current surveillance systems.
   - Mr. Engeran noted the new estimates reflect an increase from about 40,000 to 56,000 per year. He recommended increased testing and was concerned about the time needed to adjust County contracts. Dr. Green said the Prevention Plan was designed to adjust to changes. Dr. Frye's work would provide data for any necessary changes.
   - It was noted that several aspects contributed to the new numbers including tests better able to determine recent infection.
   - Mr. Goodman pointed out that the need for more prevention was still a priority. Mr. Ballesteros recommended publicizing the new data to prompt more funding. Several felt the community response was too muted—especially since the CDC did the study in 2007, but delayed releasing the results.
   - Ms. Broadus commended the PPC for looking beyond biomedical and behavioral to community and structural risks. She recommended community forums especially in African-American and Latino communities. The CDC still used adjusted numbers for nonidentified risk though 30% of women and 25% of men could not be classified into BRGs.
   - Ms. Watt encouraged Commission/PPC collaboration. She likened prevention to substance and alcohol abuse work as people only respond if they feel at risk. She suggested a neighborhood watch style community wellness awareness program.
   - Mr. Braswell added that increased testing would affect care for those newly identified so all providers need to prepare.
   - Ms. Broadus asked about 2009 capacity building. Ms. Watt said a meeting was being planned by OAPP with a consultant to discuss community mobilization in Latino and African-American communities. Mr. Pieribone said an RFP was being developed based on the results from the community forums. Capacity building was ongoing with 25 agencies.
   - ➲ Issues related to the new CDC incidence rates were referred to the Joint Public Policy (JPP) Committee.

12. STATE OFFICE OF AIDS REPORT:

- Ms. Taylor could not attend because the state had restricted travel due to the budget impasse.
- Mr. Braswell reported that a judge has ordered the state to allocate $8 billion to upgrade the prison system health care system. There is a $2 million fine per day until funds are provided. The budget impact and the need for prison reform were concerns.
- ➲ Both the budget and prison health care issues were referred to the Joint Public Policy (JPP) Committee.

13. PUBLIC HEALTH/HEALTH CARE AGENCY REPORTS: There were no reports.

14. **OFFICE OF AIDS PROGRAMS AND POLICY REPORT**:

- Dr. Green noted all contracted agencies, the Case Management Advisory Task Force, SPNs, and the Commission had been notified about the Medicare Part D "donut hole" assistance program. Information has also been posted on the HIV/LA Resource Directory and a pop-up added to CaseWatch that links the information. Providers with Medicare pharmacies can enroll them through Aid for AIDS. Discussions were continuing about how to promote the service to consumers who might not be in case management. A decision would be made soon based on the response in order to spend funds wisely.
- Both the MAI Notice of Grant Award and the Ryan White Part A guidance had been received. The application will be due 9/29/2009. The guidance is similar to earlier ones. OAPP will again request review by selected Commission representatives.
- OAPP provided a comprehensive presentation to HOPWA on housing services supported through Part A, Part B, and NCC funds and requested greater collaboration. OAPP suggested the HOPWA advisory group participate at the Commission.

15. **HIV EPIDEMIOLOGY PROGRAM REPORT**: There was no report.

16. SPA/DISTRICT REPORTS:

- **SPA #1:** Ms. Granai said they gathered data to update HIV/LA Resource Directory at their 8/13/2008 meeting. They looked forward to feedback from their Comprehensive Care Plan needs assessment focus group. Their Medical Care Coordination (MCC) Framework and Financial Simulation meeting would be 8/29/2008. Consumer leadership and provider representatives would meet in September to develop training on building, developing, and maintaining effective CABs. There would be co-morbidity training from MRSA for consumers and providers on 10/08/2008. The AV AIDS Walk hosted by AV Teen Builders at Antelope Valley High School would be 10/19/2008. NARCAN training was scheduled for December.
- **SPA #2:** Ms. Sanchez noted the SPNs were working to coordinate their meetings. Their focus group was in July and they would hold their MCC meeting 8/15/2008. There would be team building exercises at their 9/25/2008 meeting.
- **SPA #3:** Mr. Chavez reported good attendance for their 7/17/2008 focus group. Their Executive Director meeting on the MCC would be 8/21/2008.
- **SPA #4:** There was no report.
- **SPA #5:** Ms. Fisher reported their focus group was 8/5/2008. The Executive Director Forum on MCC would be 8/20/2008 at the Ken Edwards Center, Santa Monica. The next meeting with presentations from the Disease Prevention Project and on needle exchange had been moved to 9/9/2008, also at the Ken Edwards Center. SPN Coordinators would meet in August to discuss consumer leadership training.
- **SPA #6:** Ms. Price said County STD training was held on 8/13/2008 with some 40 attendees from 8 agencies. The MCC meeting with executive directors would be 8/18/2008. The County Mental Health Department would host a focus group of about 10 people on the impact of mental health and HIV pertaining to services and gaps on 8/20/2008. Watts Health Center and OAPP would host a community development forum on 9/2/2008.
- **SPA #7:** Ms. Leon reported their focus group was 7/25/2008. Their MCC meeting would be 8/18/2008 at the Family Health Education Center. The Commission and PPC would also discuss membership needs.
- **SPA #8:** Ms. Ayala-Castillo said their focus group was good but, at three hours, long. They looked forward to feedback. The Commission would present on MCC 8/20/2008, with executive directors encouraged to attend. OAPP would host a community forum on communities of color 9/3/2008.
- Mr. Vincent-Jones noted information from the focus groups would be incorporated into the Comprehensive Care Plan. There was a commitment to present LACHNA information and a summary of the focus group material could be added.

17. TASK FORCE REPORTS:

A. Commission Task Forces: There were no reports.
B. Community Task Forces: There were no reports.

19. **STANDING COMMITTEE REPORTS**:

A. Standards of Care (SOC) Committee:

1. ***Medical Care Coordination Standards of Care***:

- Dr. Younai noted the standard integrated previous separate standards: Medical and Psychosocial Case Management, Benefits Specialty, and Counseling/Testing. It was being released for public comment until 9/26/2008.
- Various existing models were reviewed and many common elements incorporated outreach, intake and comprehensive assessment are similar to other standards of care while patient acuity assessment, comprehensive treatment plan, and implementation of that plan are new.
- Mr. Land asked if there was a transitional plan for case workers who might not meet new qualifications. Mr. Vincent-Jones clarified that some case worker qualifications are the same as current case managers', and the only changes that will be necessary are if individual case workers specialize. OAPP is responsible for implementation and is responsible for providing necessary transitional training.
- Ms. Broadus asked how the standard related to the MCC framework and financial simulation. Mr. Vincent-Jones replied that the Commission approved the framework at the annual meeting in November 2007, which guided the development of the standard. At that time, it was agreed to develop financial modeling to assess the financial impact.
- Ms. Broadus also asked about the incorporation of treatment education. Mr. Vincent-Jones replied that the Commission had agreed that treatment adherence should be integrated into all standards/services. There was also a separate treatment education standard focused on specific educational services and opportunities.
- Mr. Engeran complemented education at the Commission and SPN level, but felt it important to brief the Board and DPH to ensure buy-in at every level. Mr. Vincent-Jones noted he had bi-monthly meetings with the health deputies and the CEO, and had been updating them. A full presentation would be provided by the Commission to the health deputies after the process was completed in October.

2. ***Medical Care Coordination Financial Model***:
   - Mr. Vincent-Jones noted that the Commission had never done formal financial modeling. Ms. Grinnell, consultant, was previously a senior partner with Deloitte Consulting, focusing on health care.
   - He and Ms. Grinnell decided to present the model in two steps—the first step focusing on the model itself. All data used to discuss it is random to ensure that discussion focuses on the model.
   - A second presentation in October will present the model populated with data to help make final decisions about the medical care coordination standard. Some of that has been collected while other data was still being compiled.
   - In addition to helping make decisions in October, the model will be valuable going forward in priority- and allocation-setting decisions. OAPP will also be able to use it in making procurement decisions. It does not provide specific answers, but helps to analyze the cost impact of various scenarios based on aggregate costs.
   - Patients are grouped according to their receipt of medical outpatient services and, if so, from whom; their receipt of case management and, if so, whether medical or psychosocial or both. All those receiving case management should be receiving medical outpatient, but that is not always the case either due to transitional needs, such as substance abuse or homelessness, or due to a lapse in the system. Unmet need in our system is represented by those not receiving medical care, whether or not they are receiving case management.
   - Ms. Grinnell noted all model tables are essentially the same, with each addressing a population segment. Each table has 12 key cells: three across the top for receipt of medical outpatient care through OAPP, through other, or absences of medical outpatient services; and four down for receipt of psychosocial case management, medical case management, both, or neither.
   - For purposes of identifying acuity for the model, Ms. Grinnell identified a service unit as one face-to-face contact with a telephonic contact counted as a portion of that. That can be adjusted later if desired. Minimum service units per acuity level are based on the standard.
   - The number of patients by acuity level can be computed from the percent of patients in each of the five acuity levels and the number of patients for each service (cell). That, in turn, can be used to determine the number of service units for each acuity level.
   - The model can then calculate the weighted average of service units per patient. It is possible to adjust that number directly or to input a different number that will adjust all the data. Finally, the model can total all the service units per service and in total, which can be translated to cost figures after determining the cost per service unit.
   - The four key inputs—number of patients, acuity levels, service units, and the cost per service unit–were then applied to three scenarios. The first scenario addresses patients currently receiving OAPP-funded case management and any medical outpatient services. The second addresses patients receiving any medical outpatient, but not OAPP-funded case management. The third scenario addresses patients not receiving medical outpatient, i.e., unmet need. Selected populations are identified for the model by placing "100%" in the appropriate cells.
   - The cost calculated by running the model can be compared with current costs either per scenario or, the more likely approach, by rolling up the first scenario costs to that of the second, and the second to that of the third.

- Identifying unit cost is an issue in modeling. The model allows a probability distribution to be used rather than one number for any or all of the inputs. Parameters can be set either per standard deviation or choice. A probability distribution input will result in a probability distribution of outputs rather than a single number.
- Ms. Grinnell reported she was still developing two other analysis tools. One is to address economies of scale to reflect the cost impact of fewer large providers versus more small providers. The other is to account for the effect of potential alternate funding like shifting some patient expenses to the state.
- Mr. Vincent-Jones noted that a short questionnaire would be sent to the case management agencies that participated in Ms. Grinnell's initial surveys to request estimated data on acuity levels in their client populations, and numbers of their client populations. The information would help finalize data. He encouraged others with suggestions on improving data to call him. Financial simulation modeling allows work with imperfect data, but better data improves results.
- Mr. Nolledo asked how the range of cost per unit of service would be developed. Mr. Vincent-Jones replied that was still being determined, but it would most likely be some form of aggregate.
- Mr. Engeran noted units vary among medical and psychosocial case management, and asked how they would be aligned. Mr. Vincent-Jones said they will be eventually standardized per contract, but the questionnaire will also request provider definitions. Commonality or variations among answers offer input and could be the basis for running simulations.
- Mr. O'Brien noted patients move among acuity levels during the course of a year with services provided by different people. Ms. Grinnell said the inputs are aggregates and that service units are provided per service delivered regardless of individual patient. The same was true with acuity levels unless a trend developed toward lower or higher acuity levels overall.
- Mr. Mathias, APLA, expressed appreciation for the model, but had concern because it functions based on existing data. He asserted that the original motion called for MCC approval based on financial, fiscal, and capacity impact being developed prior to approval. He went on to say that six categories of assessment had been presented in April, 2008: working with OAPP to determine necessary cost in assisting providers of case management services; develop the cost data collection instrument; distribute and collect data of cost factors of the new care coordination model from all case management providers; preparing financial simulation model that includes the following components: costing out various configurations of actual care coordination staffing, optimization of MCC features will be considered enhancements versus those that are necessary for optimal program, sensitivity factors. He claimed that the cost collection activities were not done, yet he felt staffing differences in the standard are at least three-to-one higher than the existing psychosocial and medical case management systems combined.
- Mr. Vincent-Jones noted data had been and was being requested, but not all data was available. Financial modeling cannot give a definitive answer, but a range of benefits from additional data. He reiterated that anyone with specific data that could help enhance the modeling results, such as it sounded like Mr. Mathias had, should provide it.
- Dr. Younai noted that the premise was to improve health outcomes. The long-range cost of medical care can impact care coordination, yet there is no direct interface with medical care services to identify that effect. Mr. Vincent-Jones agreed that savings might occur in the system or other service categories due to the implementation of MCC. He added that this model had been designed to specific look at real cost differentials between MCC and current case management services, and other system-level savings had not yet been incorporated, but that they are discussing the possibility of developing a larger system-wide model that might account for those effects at a later date. Ms. Grinnell added that it was a conscious decision to start with a manageable piece of the subject, and that it can be expanded later.
- Mr. Johnson supported the need for standardization to develop the decision-making tool. He wondered if the systems mapping work had been linked into this model. Mr. Vincent-Jones said systems maps were still being generated for some of the services. Outcomes and indicators would be developed after that. Eventually the work should intersect with this model. He hoped the discussion would emphasize to providers the importance of providing good data.
- Mr. Nolledo felt a set of financial assumptions for the data would be helpful. Mr. Vincent-Jones said it was planned. The formula is proprietary, but there were discussions on how to make the model accessible to the public.

3. ***Grievance Policy and Procedure***: The item was postponed.
4. ***Language Services Standards of Care***:
   - Mr. Vincent-Jones noted that the only difference from the previous iteration of the standard was that the training pieces were removed because it was determined that training should not be funded as a service.
   - The standard was released for public comment until 9/3/2008.
5. ***Hospice Standards of Care***:

- Mr. Vincent-Jones noted that this had been separated from Skilled Nursing because they were different services and that Hospice focused on palliative care in both the residential and home-based settings.
- The standard was released for public comment until 9/3/2008.

6. ***Skilled Nursing Standards of Care***:
   MOTION #4: Approve the Skilled Nursing Standards of Care, as presented ***(Passed as part of the Consent Calendar)***.
7. ***Referral Services Standards of Care***:
   MOTION #5: Approve the Referral Services Standards of Care, as presented ***(Passed as part of the Consent Calendar)***.

B. Priorities & Planning (P&P) Committee:

1. ***Continuum of Care***:
   - Mr. Vincent-Jones presented the proposed new continuum of care diagram, which better reflects the substantial work done in the LA County system of care. It is based on the population flow map developed earlier showing populations from those without HIV through those PWH/A receiving services and adherent to their treatment regimen/care plan. Arrows represent flow of people from one population to another over time, e.g., as individuals shift into and out of care.
   - The range of services is divided into four broad categories, e.g., while housing is not specifically a need of PWH/A it is represented under community support since PWH/A do need it. OAPP-funded services are represented by the inner circles of support services within social support, and core medical services within primary health care.
   - The current systems mapping work is focused on how services are delivered, what the indicators are, and their impact on the flow map, e.g., MCC is supposed to help retain people in care so it should result in a population flow from left to right. A flow in the other direction would indicate a problem.
   - Health status, quality of life, and self-sufficiency are identified as outcomes, with health indicators used to identify how those outcomes have changes. Desired population-based results have not yet been addressed.
   - Mr. Engeran noted that prevention was reflected in the population flow and interventions, but he was not sure how it would be incorporated. Mr. Vincent-Jones said there was insufficient time to incorporate prevention prior to the deadline for the comprehensive care plan, but there would be work with the PPC going forward. Ms. Watt added that the PPC was already interested. She encouraged more joint meetings and hoped the next plan would be a joint one, despite the current independent guidance from HRSA and the CDC.
   - Ms. Broadus encouraged more emphasis on social epidemiology, including the effect of social factors like stigma.

   MOTION #6: Approve a new continuum of care design replacing the current continuum of care model, as presented. ***(Passed by Consensus)***.
2. ***YR 19 P- and A-Setting: Recommendations***: Mr. Goodman noted these reflected Commission guidance to OAPP.
   MOTION #7: Approve the proposed Year 19 Priority- and Allocation-Setting Directives and Recommendations, as presented ***(Passed as part of the Consent Calendar)***.
3. ***Comprehensive Care Planning: Goals***: The next meeting would be 8/20/2008 at 2:00 pm
4. ***LACHNA: Service Effectiveness: Barriers***: Mr. Vincent-Jones reported a second round of LACHNA interviews would generate data on service effectiveness and barriers. Findings would be brought back to the Commission.
5. ***OAPP Financial Reports***: Mr. Young called attention to the report which provided expenditures for YR 18 Part A/Part B funded service categories through 6/30/2008.

C. Operations Committee:

1. ***Commission Member Nominations***:
   MOTION #8: Approve the nomination of Manuel Negrete for the SPA #4 Consumer seat, Mike Johnson for the Supervisorial District #4 Consumer seat, and Al Ballesteros for the Supervisorial District #1 representative seat and forward to the Board of Supervisors for appointment ***(Passed as part of the Consent Calendar)***.
2. ***Committee Member Nominations***:
   MOTION #9: Approve the nomination of Jenny O'Malley for Standards of Care (SOC) Committee membership and forward to the Board of Supervisors for appointment ***(Passed as part of the Consent Calendar)***.
3. ***Latino Membership Recruitment***: Mr. Ballesteros reported that Supervisor Molina's office hosted a Latino recruitment meeting with District #1 providers. It was agreed to generate recruitment materials for providers and a follow-up meeting was being planned, and providers agreed to bring one or two potential recruits.
4. ***Consumer Caucus/Meet the Grantee Meeting***:
   - The next "Meet the Grantee" meeting would be in SPA #2. The location was still to be determined.
   - The next regular meeting of the Caucus would follow the Commission meeting.

D. Joint Public Policy (JPP) Committee:

1. ***Condoms in the Adult Film Industry***:
   - Mr. Engeran reported the Condom Usage in the Film Industry public hearing would be 10/1/2008 from 1:30 to 5:00 pm. All were encouraged to participate to reflect varying opinions on the subject.
   - Mr. Land asked if there would be public service announcements in the San Fernando Valley. Mr. Vincent-Jones said that Commission hearings relied on word-of-mouth since the Commission did not have any promotional mechanism, but suggestions for publicizing the hearing were welcome. Ms. Watt suggested taking flyers to adult book stores in the San Fernando Valley.
   - Mr. Vincent-Jones confirmed for Mr. Ballesteros that Cal/OSHA is involved in the issue.
   - Mr. Hamilton felt the subject was not as important as other emergent issues, but Mr. Engeran felt it was important to women's health since more than 80% of heterosexual adult films do not use condoms. He felt it was important due to exposure, and due to the poor messages it sends. Mr. Liso noted many people were watching straight adult films precisely because condoms were not used.
2. ***State Budget***: There was no additional discussion.
3. ***Medi-Cal Cuts***: There was no additional discussion.
4. ***Public Policy Docket***:
   - Mr. Vincent-Jones noted that AB 1184 (CD4) also passed the legislature, and was being held at the Senate desk because the Governor had promised to veto any bills until the budget was passed.
   - Mr. Engeran noted that AB 2899 passed the legislature and was also being held.

20. **COMMISSION COMMENT**: There were no additional comments.

21. ANNOUNCEMENTS:
- Mr. Page noted the new *POZ* magazine was available at the resource table.
- Mr. Chud reported that a physician was volunteering at Being Alive to offer free Sculptura for members.
- Ms. Granai said SPA #1 was gathering data on holiday baskets. Some providers would start signing up people in September.

22. ADJOURNMENT: Mr. Braswell adjourned the meeting at 1:15 pm. in memory of Fred Anderson, Tom West's partner of ten years, who passed away on 8/1/2008.

A. Roll Call (**Present)**: Bailey, Ballesteros, Baumbauer, Braswell, Broadus, Chavez, Chud, DeAugustine, Engeran, Goodman, Granai, Hamilton, Kochems, Land, Liso, Long, Negrete, Nolledo, O'Brien, Orozco, Page, Palmeros, Sanchez, Skinner, Sotomayor, Watt, Younai.

MOTION AND VOTING SUMMARY		
MOTION #1: Approve the Agenda Order, as amended.	***Passed by Consensus***	**MOTION PASSED**
MOTION #2: Approve the minutes from the July 10, 2008 Commission on HIV meeting.	***Passed by Consensus***	**MOTION PASSED**
MOTION #3: Approve the Consent Calendar, as revised.	***Passed by Consensus***	**MOTION PASSED**
MOTION #4: Approve the Skilled Nursing Standards of Care, as presented.	***Passed as part of the Consent Calendar***	**MOTION PASSED**
MOTION #5: Approve the Referral Services Standards of Care, as presented.	***Passed as part of the Consent Calendar***	**MOTION PASSED**
MOTION #6: Approve a new continuum of care design replacing the current continuum of care model, as presented.	***Passed by Consensus***	**MOTION PASSED**
MOTION #7: Approve the proposed Year 19 Priority- and Allocation-Setting Directives and Recommendations, as presented.	***Passed as part of the Consent Calendar***	**MOTION PASSED**
MOTION #8: Approve the nomination of Manuel Negrete for the SPA #4 Consumer seat, Mike Johnson for the Supervisorial District #4 Consumer seat, and Al Ballesteros for the Supervisorial District #1 representative seat and forward to the Board of Supervisors for appointment.	***Passed as part of the Consent Calendar***	**MOTION PASSED**
MOTION #9: Approve the nomination of Jenny O'Malley for Standards of Care (SOC) Committee membership and forward to the Board of Supervisors for appointment.	***Passed as part of the Consent Calendar***	**MOTION PASSED**